

PERSONAL HISTORY/ARREST REPORT

1. USE (check applicable box): <input checked="" type="checkbox"/> Personal History () Informant ID <input checked="" type="checkbox"/> Arrest Record () Fugitive Declaration		2. Case Number <u>30003-01</u>		3. OTN Number(s) <u>F201481-0</u> <u>F201480-6</u>		4. Informant ID Number		5. Fingerprinted <input checked="" type="checkbox"/> Yes () No		6. Probation () Parole () Where? <u>N/A</u>		7. NCIC Check <input checked="" type="checkbox"/> Yes () No Date: <u>1/10/01</u>											
8. Name (LAST, FIRST, MIDDLE) <u>JAMES, T. IRON, Phillip</u>								9. Alias(es) or Other Name(s) <u>"T"</u>															
10. Permanent Address (include ZIP CODE) <u>565 West Market St 3rd Floor York Pa</u>								10a. Telephone Number <u>(717) 843-1074</u>															
11. Other Address (if any) <u>427 Centerville Dr. Carson California</u>								11a. Telephone Number <u>(310) 488-3170</u>															
12. Date of Birth <u>5-18-62</u>		13. Place of Birth (City/State) <u>US St. Thomas Virgin Islands</u>		14. Citizenship <u>US</u>		15. Illegal Alien () Yes (<input checked="" type="checkbox"/>) No		16. Nationality <u>American</u>		17. Race <u>Black</u>		18. Sex <input checked="" type="checkbox"/> M () F		19. Height (inches) <u>68</u>		20. Weight <u>190</u>		21. Eyes <u>Brown</u>		22. Glasses <u>N/A</u>		23. Hair <u>Black</u>	
24. Build <u>Stocky</u>		25. Complexion <u>Dark</u>		26. Identifying Characteristics (Scars, Marks, Tattoos, Etc.)										27. Drug User () Yes (<input checked="" type="checkbox"/>) No (If yes, list drug)									
28. SSN # <u>605-26-3818</u>		29. FBI #		30. DEA #		31. SID #		32. Other Numbers (Federal, State, Local, etc.)															
33. Employer/Address <u>LAVERNE SALON</u> <u>534 West Market St. York Pa</u>				34. Education (Level/Name of School) <u>St. Thomas High School</u> <u>GED</u>				35. Vehicle Registration Information Make/Model Year State License # Expires:															
36. Driver's License Information: Operator's License Number: <u>C2083017</u> State or Country: <u>California</u> Expiration Date: <u>5-18-2003</u>																							
37. Spouse: <u>LAVERNE JAMES</u>				Address: <u>565 West Market St 3rd Floor York Pa</u>																			
38. Immediate Family (Relationship):				Address:																			
39. () Children <u>Trisha James (11 months)</u>				Address:																			
40. <u>Volvinia James (16 yrs)</u> <u>Police Sgt (B)</u>				Address:																			
41. REMARKS: <u>James, Phillip (11)</u>																							
42. Primary Officer: <u>James H. Morgan</u>				43. Agency (BNI/PSP/TF/OTH): <u>DAI</u>																			
44. Secondary Officer:				45. Agency (BNI/PSP/TF/OTH):																			
46. Reporting Date: <u>1/10/01</u>		47. Date/Time of Arrest: <u>1/10/01 10:10 am</u>		48. Where Arrested: (Municipal Code) <u>67</u>		49. Occupation Code: <u>UNEMP</u>																	
50. Class (1-4): <u>1</u>		51. Type Violation: <u>PW1 Art 64</u>		52. Counts: <u>3</u>		53. Drug Code: <u>C-C MTL</u>																	
54. Firearms: (I) Involved / (C) Charged <u>N/A</u>		55. Arrest by Result of: <u>Warrant</u>		56. Armed: () Yes (<input checked="" type="checkbox"/>) No		57. Photographed: (<input checked="" type="checkbox"/>) Yes () No																	
58. Statement: () Yes (<input checked="" type="checkbox"/>) No		59. Funds at Arrest: <u>\$42.00</u>		60. Other Controlled Substances/Drugs Involved: <u>N/A</u>																			
Officer's Signature/Date: <u>[Signature]</u> <u>1/10/01</u>				Supervisor's Signature/Date: <u>[Signature]</u> <u>1-31-01</u>																			